TITLE: A Narrative Synthesis of women's Out-of-Body Experiences during childbirth

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Précis

Traumatic childbirth or previous trauma may be associated with out-of-body experiences during labor and birth; women disclosing these events need support from clinicians.

ABSTRACT

Introduction

Some women have a dissociated, out-of-body experience (OBE) during childbirth, which may be described as seeing the body from above or floating above the body. This review examines this phenomenon using narratives from women who have experienced intrapartum OBEs.

Methods

A narrative synthesis of qualitative research was employed to systematically synthesize OBE narratives from existing studies. Strict inclusion and exclusion criteria were applied. The included papers were critiqued by 2 of the authors to determine the appropriateness of the narrative synthesis method, procedural transparency, and soundness of the interpretive approach.

Results

Women experiencing OBEs during labor and birth report a disembodied state in the presence of stress or trauma. Three forms of OBEs are described: floating above the scene, remaining close to the scene, or full separation of a body part from the main body. Women had clear recall of OBEs, describing the experience and point of occurrence. Women who reported OBEs had experienced current or previous traumatic childbirth, or trauma in a non-birth situation. OBEs as prosaic experiences were not identified.

Discussion

OBEs are part of the lived experience of some women giving birth. The OBEs in this review were trauma related with some women disclosing previous posttraumatic stress disorder (PTSD). It is not evident whether there is a connection between PTSD and OBEs at present, and OBEs may serve as a potential coping mechanism in presence of trauma. Clinicians should legitimize women's disclosure of OBEs and explore and ascertain their impact, either as a normal coping mechanism or a precursor to perinatal mental illness. Research into the function of OBEs and any relationship to PTSD may assist in early interventions for childbearing women.

Key words: Out-of-body experience, disembodiment, parturition, labor, childbirth, birth trauma, stress, trauma, posttraumatic stress disorder, narrative synthesis.

QUICK POINTS

Women may disclose intrapartum out-of-body experiences (OBEs) during pregnancy (from a previous birth), immediately post birth, or postpartum.

Women report 3 types of intrapartum OBEs: floating above the scene, remaining close-by to the scene, and separation of a body part from the main body

Women disclosing an OBE should have their experience legitimized and be given the opportunity to explore the circumstances around the event.

Women who encounter OBEs may require closer observation as there appears to be a relationship between previous trauma, OBE, and posttraumatic stress disorder.

INTRODUCTION

Events that permit contact with a non-ordinary reality are reported by childbearing women.[1] These are known as altered states of consciousness or transpersonal experiences, and are reportedly, a part of the women's reality.[2] Studies of transpersonal events encompass the examination of observed or reported human behaviors and experiences in which an individual's sense of identity appears to extend beyond its ordinary limits.[3] Transpersonal experiences,[4,5] can and do include out-of-body experiences (OBEs). An OBE is a form of dissociation. There is anecdotal, and to some extent published, evidence suggesting that there is a gap in health professionals' understandings of OBEs in the context of childbearing[1].

There is a body of evidence demonstrating a causal relationship between traumatic childbirth and posttraumatic stress disorder (PTSD).[6-9] Additionally, there is evidence of peritraumatic dissociation occurring in childbirth, which can also be a predictor of PTSD.[10,11] This review presents the findings of an investigation of women's narratives of OBEs during childbirth using a narrative synthesis approach to identify the key messages for clinical practice.

Background

It is important to define the normal, conscious state of bodily awareness and how this compares with the OBE. The sense of being localized within the physical body is often referred to as embodiment,[12] and this definition has been extended in childbirth to the "action and experience of the body." [13 (p278)] A pregnant, embodied woman is not separated from her body, rather she is her body[14] and in pregnancy and childbirth, the localization and experience of embodiment can be disrupted by the experience of an OBE. The phenomenon of the parturient OBE is a situation where the laboring woman disassociates from her embodied self and experiences herself as disembodied.

The embodied state

The experience of embodiment has been explored in health care, philosophy, and psychology to enable examination of the sense of self within the body. Sentient beings are, by nature, embodied, having an awareness of the corporeal body: "we are our bodies because we cannot escape our embodiment." [15(p16)] Totton, a psychotherapist, defines embodiment as the "moment-by-moment experience of our existence as living bodies, with all the joy and grief, pleasure and pain, power and vulnerability that this involves."[16(p21)]

According to the philosopher Merleau-Ponty,[17] the individual is conscious of the world through the medium of the living body, as a vehicle of being in the world where the perceived sense of the body places the individual within that worldly place. Embodiment as a phenomenological awareness of body becomes a unity of the mind and body and is more than just a physiologic entity, the objective body, that has cognizance of sensations, such as heat, cold, and pain. Embodiment is the lived experience of body by the individual.[17]

This is contrary to Cartesian dualism which purports that the mind and body are split. Descartes stated that the mind, being clearly distinct from the body, could exist without it.[18] The mind is described as consciousness with the brain holding the intelligence, and the body does not impact on mind as it is a lower, mechanistic form.[14] Cartesian dualism has been disputed and challenged by many critics who note that bodily illness can and does impact the mind.[19-20] Merleau-Ponty's perception of body differs from the Cartesian dualist definition in that the woman lives in her body and is not separated by the mind from the lived experience of body, the "body in the moment," [17(p95)] the place where bodily movements and manipulations are experienced. Nonetheless, the Cartesian mechanistic body is considered to be a regular feature of obstetrics where a birthing woman may be viewed merely as a uterus. [14] This mechanistic approach may result in a loss of the embodied self, particularly during routine maternity care practices, such as abdominal palpation or cervical assessment during labor.

In the absence of an individualized approach, the body-in-labor becomes a standard, anatomic structure, a mechanistic body with no sense of self and becomes the opposite of

an embodied self.[21] An awareness of embodiment results in a perception of boundaries of the self within the body. It can be defined as a state of autonomous bodily experiences where the woman has an awareness and control of ownership of her body.

The function of childbearing makes women fundamentally aware of their bodily integrity, the pregnant body-state being "something that is lived in and embodied."[22 (p457)] Women's embodiment is brought into conscious awareness with the developing, embodied, in utero fetus where the boundaries between the self and other, the fetus, are altered as the woman's body nurtures another human being within.[22] Upon entering parturition the embodied corporeal experience becomes a process to integrate the body in labor with the known, embodied self.[22] When women feel that they have no sense of bodily actions occurring from within, their sense of embodiment becomes blurred; the fundamental sense of self, as a crucial component of embodiment, becomes compromised; and in some circumstances, such as augmented labor, it may be that women's bodily actions are rendered useless or ineffective.[23] The autonomic, involuntary activity of the body in labor requires the woman to assimilate her bodily sensations, including her contractions and pain, to enable her to maintain the autonomous embodied self. If women lose their sense of embodiment and fundamental sense of self when experiencing a degree of birth trauma, they are at risk of disembodiment.

The disembodied state

Based on these tentative understandings of embodiment, an OBE appears to have a different place of perception where the woman has an awareness of the disconnected body being in another place. The OBE appears to present itself as the opposite of embodiment as defined by Merleau-Ponty: the individual is disembodied from bodily sensations. The OBE is ethereal, with an absence of bodily sensations; the sense of the material, lived body is no longer present. [17]

OBEs have received some attention in the literature but have not been systematically studied.[24] Research to determine the prevalence of OBEs is generally challenging. Some

researchers believe that all OBEs are illusory, viewing OBEs as unusually vivid and personally compelling, whilst revealing nothing more than an individual's psychological creativity.[25] There is, however, some evidence that validates OBEs as a known and recognizable phenomenon. The Peritraumatic Dissociative Experiences Questionnaire is a psychometric instrument developed with Vietnam War veterans to measure stress-related dissociative experiences, which included OBEs. Two of the items describe OBEs as "if floating above the scene" and "disconnected from own body."[26 (p148)] This instrument recognized the OBE as an experience encountered alongside traumatic events and has been used to measure PTSD generally together with some of the studies explored in this review.

Research into OBEs in the context of childbirth is limited and derived from small-scale and individual case studies, the notable exception being Wistrand's study of 34 laboring women who reported OBEs in the presence of severe labor pains and complicated births.[2] Of the limited evidence available, there is an absence of integration, interrogation, and dissemination. There is also no guidance in relation to supporting women during and after these events.

METHODS

Data Collection

Using guidance from the Centre for Research and Dissemination,[27] an iterative and heuristic process of searching was employed involving pilot searches until the final search was designed. A list of relevant text words and phrases, using Boolean logic, were compiled as follows: "childbirth" or "labour" or "labor" or "parturition" or "intrapartum" and "dissociation" or "depersonalization" or "disembodiment" or "autoscopy" or "altered consciousness" or "anomalous experience" or "out of body"' or "out-of-body" or "OBE."

The following databases were searched for relevant literature CINAHL Plus with Full Text, Academic Search Premier, EMBASE, Library Information Science & Technology Abstracts, MEDLINE, PsycARTICLES, PsycBOOKS, and PsycINFO. A further search was conducted on the World Wide Web for articles and literature of relevance. Due to the paucity of evidence relating to parturient OBEs, no date restrictions were applied. Inclusion criteria comprised a clearly identified OBE relating to childbirth within the text of English-language articles. The authors defined an OBE as a descriptive account provided by a woman during childbirth, whereby she experiences either leaving her body, floating above her body, or being disconnected from her body.

An initial screening of titles and abstracts by one of the authors resulted in retrieval of potentially relevant articles, and these were reviewed by 2 authors to ascertain whether they met the inclusion criteria. Where the abstracts appeared to be suggesting an OBE, the full-text article was read to search for evidence of an OBE relating to childbirth. Those articles that did not directly relate to childbirth were excluded. Relevant articles' reference lists were screened for articles meeting inclusion criteria

Data Analysis

Guided by Popay et al, [28] women's experiences of OBEs during birth were investigated using narrative synthesis. Narrative synthesis is an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarize and explain the findings of the synthesis. It is used to summarize different primary studies from which conclusions may be drawn into an integrated interpretation. [29,30] There are 4 main elements to a narrative synthesis process: developing a theory, developing a preliminary synthesis of findings of included studies, exploring relationships in the data, and assessing the robustness of the synthesis. However, it should be noted that narrative synthesis is an iterative process and these elements are not sequential stages per se. The synthesis product, at a minimum, is a summary of the current state of knowledge in relation to a particular review question and can be utilized in a wide range of studies.

According to Snilstveit et al[31], narrative synthesis is an appropriate approach where there is diversity and heterogeneity across studies as is the case with the body of literature in this review. In conducting this narrative synthesis, the aim was to gain deeper insights into the phenomenon of OBEs from the women's perspectives, thus it was important to capture and synthesize studies that had enabled women to tell their stories. Here, and in much of the research from narrative traditions, the story is the topic of analysis.[32]

Developing a theory in relation to the Out- of-Body Experience

The process of narrative synthesis requires the development of an initial theory with a view to the review question emerging. The initial theory was developed during the literature scoping phase; it became clear from the initial screening of articles that women experiencing OBE are doing so in a stressful context of giving birth. The initial theory from the data was that an OBE is significantly more common in women who consider their previous or current birth(s) traumatic, an observation also made by an included study.[33] The review question, which emerged from the initial theory, was, "What is the significance of the relationship between birth trauma and the OBE during childbirth"?

Robustness of the synthesis product

The notion of robustness in relation to evidence synthesis is complex.[28] Assessing robustness includes providing an assessment of the methodological quality of the included studies, the strength of evidence for generalizability of the synthesis product, and the trustworthiness of the synthesis product. Applying strict quality criteria in the selection process may result in important studies being excluded. In order to avoid this, it was decided to conduct a critique of the selected studies using an adapted quality assessment model for narrative synthesis.[34] Data were extracted and tabulated for all studies rated as eligible for the review.

Two reviewers assessed the quality of the included qualitative studies using the relevance, appropriateness, transparency, and soundness (RATS) qualitative research review guidelines.[35] The RATS scale comprises 25 questions about the relevance of the study question, appropriateness of qualitative method, transparency of procedures, and

soundness of interpretive approach. In order to make judgements about quality of studies, each question was dichotomized to yes (1 point) or no (0 points). The points for each study were totaled to assign a rating of low (0 – 8.4 points), medium (8.5 – 16.4 points), or high (16.5 – 25 points) quality. [35] A quality assessment of the case studies and survey was undertaken using the Centre for Evidence Based Medicine (CEBM) quality assessment[36]

RESULTS

The search process resulted in 10 studies meeting the inclusion criteria for narrative synthesis (Figure 1):[37] 6 qualitative studies, 3 case studies, and one survey. These studies were undertaken in 5 different countries between 1995 and 2014. Authors used questionnaires and interview for data collection. A total of 56 women experienced OBEs across the 10 studies in the analysis. Sample sizes in the studies ranged from one to 40 women disclosing an OBE. The women had experienced a range of stressful situations during labor and birth. The OBE was usually linked to the experience of laboring and giving birth, either within the current birth (8 studies) or a previous birth (one study). In one study, an intrapartum OBE was linked to an intrusive examination that resulted in the woman reliving a previous experience of sexual abuse.

Of the 6 qualitative studies, 3 were rated high quality, [38-40] 2 medium quality [41,42] and one low quality.[43] Overall, studies were of a reasonable quality with some limitations. The 3 case studies[2,44,45] and the survey[33] were all rated medium quality.

During the process of developing the preliminary synthesis (Table 1), it was noted that participants across the 10 studies had experienced an event during labor and birth that they describe as being associated with the removal of themselves from their body. The experience was recognized by the authors as an OBE. Further exploration of the studies revealed the types of OBEs that women were describing differed, as did their experiences of traumatic events (Table 2). Some women referred to being above the scene and looking

down into the room from an elevated position. [2,44,45] Other women felt as if they left their body, or were not inside their body, but did not elevate themselves above the scene, they just remained somewhere else in the room, relatively close by. [2,38-40,45] One woman felt that her head was disconnected from her body. [43] Collectively within these studies there were 3 types of OBE: floating above the scene, remaining close-by to the scene, and separation of a body part from the main body.

The context dimensions of OBEs seemed to be focused around 3 specific aspects of trauma (Table 2). Women across all of the studies who reported OBEs during labor and birth had also, at some point in their lives, experienced one of the following: trauma whilst going through this labor and birth or a previous one, the trauma of being a victim of sexual abuse, or an experience or significant event (non-sexual abuse and non-birth trauma) that was traumatic (eg, infertility, previous miscarriage, spontaneous abortion, death of a close friend or relative, being a victim of a robbery). On closer inspection of the patterns across the data and the relationships of the type of OBE to the reported trauma, it was identified that floating above the scene during an OBE was associated with trauma and distress in childbirth and other types of trauma (not related to birth or sexual abuse). Remaining close by the scene during an OBE was reported by 2 women: one had experienced previous childhood sexual abuse, and one encountered a frightening intrusive memory about the birth of her twins. The separation-of-a-body-part OBE was reported by women whose narrative was based on emergency cesarean birth and postpartum hemorrhage.

DISCUSSION

OBEs seem to be part of the lived experience for some childbearing women. In the studies synthesized in this review, OBEs were related to the narrative of women experiencing traumatic or stressful childbirth, previous childbirth trauma, or previous trauma in a non-birth situation. We did not find evidence of women reporting OBEs as a prosaic or forming part of the joyful experience of birth.

The body-self disconnection that occurs during an OBE can be varied, but tends to involve disconnect of a body part, or disconnect of the sense of self from the body. Assisted birth, or assistance with the process of laboring and giving birth, may contribute to a chain of events that begins with a perceived rendering of bodily actions as ineffective, a compromised sense of embodiment, and a consequential sense of disembodiment. Women who underwent an OBE had a sense of body-self disconnection. The types of body-self disconnection were varied with 3 different types identified: floating above the scene, remaining close-by the scene, and separation of a body part from the main body. Whether or not there is a relationship between the type of self-body disconnection and the type of trauma is unknown, and with minimal data in this body of literature, it is unclear whether any identified patterns are relevant. Precisely why women report recalling these traumas during the process of birth is unknown, and this needs further investigation.

It is possible that the OBE, as an extreme form of dissociation, occurs to enable the woman to detach herself from the trauma of the event where fight or flight is not possible. [46] Dissociation has been described as a form of defence mechanism to minimize distress in the presence of overwhelming traumatic experiences and emotional and psychological arousal.[47,48] The action of perceiving the body from the outside, could be a temporal coping mechanism, as it allows for the body-in-labor to be removed from the direct nucleus of the trauma, leaving behind the corporeal shell of the woman. In the absence of longitudinal studies, it is not possible to explore the efficacy of the mechanism of OBE as a protective function.

The OBEs analyzed in this review were more common in women who considered their previous or current birth(s) traumatic, or had sustained previous trauma through a variety of non-birth related situations, including sexual abuse. It is important to note that the antecedent trauma exposure most strongly associated with a PTSD diagnosis in pregnancy is childhood maltreatment.[46] Lev Weisal et al assessed the role of peripartum dissociation in the development of childbirth-related PTSD symptoms in 837 women who had experienced childhood sexual abuse, other trauma, or no trauma.[49] Women who experienced childhood

sexual abuse had higher levels of birth-related PTSD and dissociation than women who experienced other trauma or no trauma. Whether OBEs are related to PTSD requires substantiation through empirical study and is worthy of further investigation.

The findings from the wider literature suggest that peritraumatic perinatal dissociation and childbirth trauma have been associated with the development of PTSD. Peritraumatic dissociation is considered one of the most critical and acute responses to a traumatic experience.[50] A randomized trial of 243 hospitalized trauma patients found that the degree of anticipated threat in a traumatic situation may contribute to peritraumatic dissociation; the longer time one has to anticipate the outcome then the more one is likely to experience peritraumatic dissociation.[50] In terms of events leading to and around childbirth, a longitudinal study investigated the contributive role of perinatal dissociative and perinatal negative emotional responses to the development of PTSD symptoms following childbirth in 140 postnatal women and concluded that dissociative reactions in childbirth might be part of a traumatic stress response.[10] Both studies used the Peritraumatic Dissociation Experiences Questionnaire (PDEQ)[26] to analyze their results, and their findings supported the role of trauma-related dissociative responses in developing PTSD.

If women disclose OBEs, the clinician should ascertain whether women's personal experiences of labor and birth are perceived as traumatic. A midwife in one of the studies commented on her observation of the laboring woman's apparent coping ability. The woman's perspective differed as she was experiencing an OBE during her traumatic labor.[43] Clinicians may be required to examine their perceptions of laboring woman and explore whether a reported OBE relates to trauma or a transient response to stress. Furthermore, women disclosing OBEs should not be deemed crazy or 'brain injured' as some clinicians, relatives, or friends tell them.[2] Anecdotal evidence suggests that clinicians may treat such disclosure with disdain or disbelief. Support needs to be in place for women experiencing disembodied, transpersonal events in order to explore the events surrounding the OBE and instigate appropriate treatment options and pathways of care. Women disclosing anxiety or

stress-related symptoms following an OBE require careful assessment and referral to appropriate clinical or psychological services for support.

CONCLUSION

This is the first systematic review and narrative synthesis of being out of body during labor and birth, and this work adds to the literature on dissociation. The exploration of OBEs in childbirth and the development of clinicians in identifying this unique event warrant further examination. The seeming relationship between PTSD and dissociation raises questions about the OBE as a coping mechanism for traumatic labor or a precursor for PTSD. This an area worthy of further investigation.

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Table 1: Preliminary synthesis of 10 studies in which women reported out-of-body experiences during labor and birth

Author Year Country	Methodology	Sample	Aims	Events precipitating an OBE
Glover et al[40] 2014 UK	Qualitative, semi-structured interviews with inductive thematic analysis	7 women (4 primiparous and 3 multiparous) with history of puerperal psychosis in the previous 10 years	To contribute to an increased understanding of puerperal psychosis and promote consideration of new management perspectives	Difficult, traumatic, distressing births
Wistrand[2] 2012 Sweden	Case studies using unstructured interviews and questionnaire	5 case studies evidencing OBEs	To develop a frame of reference for women to understand their transpersonal experiences of near-death experiences and OBEs	Traumatic births, instrumental birth, and cesarean birth
Zambaldi et al[33] 2011 Brazil	Structured interviews and completion of the peritraumatic dissociative experience questionnaire (PDEQ), the socio-demographic and obstetric questionnaire, the pain numeric rating scale, the Trauma History Questionnaire, and a Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-1) for traumatic events	328 women, up to 72 hours postpartum	To assess dissociative experiences in childbirth and related variables	OBEs significantly more common in women who considered their labor and birth traumatic
Nilsson et al[39] 2010 Sweden	Qualitative descriptive phenomenological reflective life-world research using interviews	9 women with previous PTSD who were pregnant with their second child	To describe the impact of previous birth experiences on women pregnant with their second child	Distress during childbirth
Beck[43] 2009 US	A description of 3 qualitative studies on women reporting traumatic birth using thematic analysis	Multicenter study of 40 women reporting previous birth trauma; 22 vaginal births and 18 cesarean births	To focus on PTSD due to birth trauma and the anniversary of a traumatic birth To place birth trauma in the context of trauma theory	Emergency cesarean birth and postpartum hemorrhage
Beck[41] 2004a US	Qualitative, descriptive phenomenology research with purposive sampling	Multicenter study of 40 women reporting previous birth trauma; 22 vaginal births and 18 cesarean births	To describe the meaning of women's birth trauma experiences	Distress during postpartum hemorrhage
Beck[42]	Qualitative, descriptive	Multicenter study of 38 women reporting PTSD	To describe the essence of	Distress following cesarean birth and postpartum hemorrhage

2004b US	phenomenology research with purposive sampling	attributable to birth trauma birth	mothers' experiences of PTSD after childbirth	
Seng et al[38] 2004 US	Secondary analysis of interview data from women who had abuse-related PTSD in pregnancy	15 women with childhood sexual abuse including 3 with adult sexual abuse and 7 with intimate partner abuse.	To increase familiarity with the PTSD framework by illustrating the symptom categories and associated features with women's descriptions of the symptoms from qualitative interviews To increase awareness of abuse-related PSTD in the childbearing continuum	Childhood sexual abuse as a trigger to OBE in labor
Kennedy & MacDonald[44] 2002 US	Case presentation, part of an ongoing qualitative research study on exemplary practice.	One multiparous immigrant woman experiencing an OBE	To describe an altered consciousness experience (OBE) in childbirth	Betrayal and loss, traumatic birth during woman's life as a refugee
Molman, van der Hart, van der Kolk[45] 1992 Netherlands	Case presentation	3 women describing dissociative states in labor	To establish a link between the experience of dissociative responses in childbirth as a contributing factor in PTSD and puerperal psychosis	Intrusive memory resulting in OBE in labor

Abbreviations: OBE, out-of-body experience; PTSD, posttraumatic stress disorder.

Table 2: Patterns of trauma and types of out-of-body experiences during labor and birth

Traumatic Events related to OBE	Floating above the scene OBE	Remaining close-by to the scene OBE	Separation of a body part from the main body OBE
Trauma whilst going through labor and childbirth	"I just remember sort of floating up in the right hand corner of the room and that there was a very bright light. I was there, but not in my body! I was up near the ceiling, looking down."[2(p 59)] "I slipped out of my body, up under the lamp in the ceiling. I was in another, light body: weightless and transparent. Below me, I saw my body, the midwife at my feet,… I could see the whole delivery from the ceiling."[2(p 60)] Woman reported that contractions started low in her lower back, and were built up to a peak, which left her floating a little bit over her body. [2] Felt as if floating above the scene (4.6%, 15 of 328 women)[33] "I felt like I had left my body. I know now that I had dissociated. But all I knew then was that I wasn't there with my body, my baby anymore. Of course my body was still there. Noises from the room were muffled and muted. Faraway voices of my mother, and the midwife remarked upon how composed I was. How good I was being. How little noise I was making."[43(p 198)] When labor ceased she felt like she developed a panic reaction that ceased when she felt like she had left her body and hovered over her abdomen like a ghost.[45] Woman reported feeling as if she was levitating over the bed not being in "the ordinary reality".[39(p 304)]	"I wasn't aware, like my body was but I wasn't with it."[40(p 6)]	"I just woke up and thought someone had taken by brain out, someone had sawn my head off to get my brain and put someone else's in and I didn't know me anymore."[40(p 7)] Women reported (paralyzed during Cesarean birth) that the pain made her leave her body, and from the ceiling she saw the whole procedure.[2] "I… saw the midwives, and the doctors from above, and heard a female doctor saying: ´Make her ready for operation! ….I returned through the top of my head and so to speak slipped down into my body."[2(p 60)] Felt disconnected from body or body distorted (7.6%, 25 of 328 women)[33] "It felt as if I was not at one with my body, I was sort of not in my own body or part of it."[39(p 302)] "I felt my head was floating way above my body. I struggled to bring it back onto my shoulders. I still feel dissociated like this sometimes."[2(p 220)]

The trauma of being a victim of sexual abuse		"I can only remember labor up to a point, and then it just all goes away … … when my brother used to molest me … you know what I would do is I would just close my eyes real tight and just imagine my spirit being lifted up out of my body and sitting on the bed until he was done. Then I would come back into myself. [And in labor] what happened was [the doctor] left and while I was going through labor I just blocked myself out. I blocked myself out through the pain and just took it."[38(p 610)]	
Another traumatic experience or significant event, such as infertility, spontaneous abortion, death of a close friend or relative, or being a victim of a robbery	"After the baby came I didn't want to be there anymore and I left my body and I went up to the ceiling and I watched you. I watched you … and I knew that you needed me to come back for my baby."[44(p 380)]		

Abbreviation: OBE, out-of-body experience.

Figure 1: PRISMA flow diagram of review phases

Source: Adapted from Moher et al.[37]